

This application may be completed online, printed and mailed to the address listed below.

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE
CREDENTIALING DIVISION

Check one:

- ☐ Initial License
☐ Change of Location
☐ Change of Ownership

Nursing Home Licensure Application

Nursing Home Type: Please Check.

☐ Skilled Nursing Facility

☐ Nursing Facility

☐ Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME OF FACILITY: _____ AREA CODE _____ PHONE NUMBER _____
ADDRESS: _____ AREA CODE _____ FAX NUMBER _____
(STREET ADDRESS, CITY, ZIP)
2. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____
(IF NOT INDIVIDUAL)
3. ADMINISTRATOR: _____ DIRECTOR OF NURSING _____
4. PREFERRED MAILING ADDRESS FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT: _____
5. NUMBER OF BEDS TO BE LICENSED: _____
6. PLANNED OCCUPANCY DATE: _____
7. ACCREDITING AGENCY: (If any) ☐ JCAHO
8. CERTIFICATION: ☐ Medicare ☐ Medicaid
9. SPECIFY ANY SPECIAL CARE AND TREATMENT TO BE PROVIDED: Please Check.
☐ Physical Therapy ☐ Special Care Unit ☐ Other Behavioral Needs
☐ Pediatric ☐ Respiratory ☐ Other-please specify _____

OWNERSHIP INFORMATION

10. OWNERSHIP OF FACILITY: _____
(LEGAL NAME OF CORPORATION, PARTNERSHIP, ETC.)
ADDRESS: _____
(STREET ADDRESS, CITY, ZIP)
11. MAILING ADDRESS OF OWNERSHIP: _____
(IF DIFFERENT THAN ABOVE)
12. BUSINESS ORGANIZATION: (Check one)
☐ Sole Proprietorship
☐ Partnership
☐ Limited Partnership
☐ Corporation
☐ Limited Liability Company
☐ Governmental (☐ State, ☐ District, ☐ County, ☐ City or Municipal)
☐ Other (Please Specify) _____

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health & Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application and on the attached documents are true and correct and I/we hereby apply for a license. PLEASE NOTE: In Neb.Rev.Stat. Section 71-433 "Applications shall be signed by (1) the owner, if the applicant is an individual or partnership, (2) two of its members, if the applicant is a limited liability company, (3) two of its officers, if the applicant is a corporation, or (4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit."

Sign Here _____
AUTHORIZED REPRESENTATIVE

AUTHORIZED REPRESENTATIVE

DATE

Sign Here _____
AUTHORIZED REPRESENTATIVE

AUTHORIZED REPRESENTATIVE

DATE